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APPLICATION NO. 10/015,780	FILING DATE 12/17/2001	FI FI	RST NAMED INVE		04770.00027	CONFIRMATION NO. 4424
nonprovisional EXAM	NO INER	\$1400		\$300 CLASS-SUBCLASS	\$1700	03/09/2006
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PTO/SB/17 (12-04v2)
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete If Known					
			Applica	tion Number	10/015,780	0	IPE	
FEE TRANSMITTAL			Filing D	ate	December 17, 200	1 /	老	
for FY 2005			First Na	amed Inventor	Peter Pai Boda et a		3 0 1 2006 5	
Applicant claims	small entity st	tatus. See 37 (CFR 1.27	Examin	er Name	T. Tran	價	\$
			Art Unit	Art Unit 2682			2 PENDON OF	
TOTAL AMOUNT OF PAYMENT (\$1,700.00			Attorne	Attorney Docket No. 004770.00027				
METHOD OF PAYM	IENT (check	all that apply)		_			
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :								
_	Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD.						if, LTD.	
For the abov	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee						ot for the filing fee	
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Unde WARNING: Information of	r 37 CFR 1.16 on this form ma	and 1.17 become public	c. Credit card i	informatio	n should not be	included on this for	m. Provide cı	redit card
information and authoriz	ation on PTO-	2038.						
FEE CALCULATION								
1. BASIC FILING,		ND EXAMINA FEES	ATION FEES SI	S EARCH	FFFS	EXAMINAT	ION FEES	
	FILING	Small Enti		LANOII	Small Entity	<u>Sn</u>	nall Entity	
Application Type			· · · · · · · · · · · · · · · · · · ·	ee(\$)	<u>Fee(\$)</u>		Fee(\$)	Fees Paid (\$)
Utility	300	150		00	250	200	100	<u>_\$</u>
Design	200	100	10		50	130	65	,
Plant	200	100	30	00	150	160	80	
Reissue	300	150	50	00	250	600	300	
Provisional	200	100		0	0	0	0	
2. EXCESS CLAIM FEES Small Entity								
Fee Description	Fee Description Fee (\$) Fee (\$)							
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HP = highest number of total claims paid for, if greater than 20. Indep. Claims								
- 3 or HP= 1 x 200 = \$								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = / 50 = (round up to a whole number) x =								
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Non-English Specification, \$130 fee (no small entity discount) \$\frac{1700.00}{2}\$								
Other (e.g., late filing surcharge): Issue Fee (\$1400) and Publication Fee (\$300)								
SUBMITTED BY A C								
Signature	1) t	hWKe	la.		Registration No. (Attorney/Agent)	48,830	Telephor	ne 202-824-3000
Name (Print/Type)	Anthony W	. Kandare		ı	(Allomey/Agent)		Date	2/1/06
								

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	ZOILE	Application Number	10/015,780				
TRANSM	M FFR 0 7 2000 $\vec{\omega}$	Filing Date	December 17, 2001				
FOR	M FEB 0 1 2006 3	First Named Inventor	Peter Pal Boda et al.				
\		Art Unit	2682				
(to be used for all correspond	lence after initial filing)	Examiner Name	T. Tran				
Total Number of Pages in This		Attorney Docket Num	nber 004770.00027				
	ENCLO	OSURES (check all that a	apply)				
			After Allowance Communication to TC				
		-related Papers	Appeal Communication to Board of Appeals and Interferences				
Amendment / Reply			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)				
After Final		o Convert to a nal Application	Proprietary Information				
Affidavits/declaration		Attorney, Revocation of Correspondence Addres	Status Letter				
Extension of Time Reque		Disclaimer	Other Enclosure(s) (please identify below):				
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Fim Banner 8		Witcoff, LTD.					
Signature	ant	Arth Wedan					
Printed Name	Anthony V	V. Kandare					
Date	February '		Reg. 48,830				
	CERTIFICA	ATE OF TRANSMISSIC	DN/MAILING				
I hereby certify that this corr Service with sufficient posts Alexandria, VA 22313-1450 c	age as first class mail	in an envelope addresse	USPTO or deposited with the United States Postal ed to: Commissioner for Patents, P.O. Box 1450,				
Signature							
Typed or printed name	,, <u> </u>		Date				

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